

**CITY OF NEW ORLEANS****Department of Finance
Bureau of Revenue**

DATE: _____

CASE #: _____

ACCOUNT #: _____

REVENUE FORM

(see instructions on other side)

**TO: Dept. of Safety & Permits
Building Inspection Section
7E04 City Hall, Civic Center**

The undersigned has made application to the Bureau for an Occupation License as follows:

Trade Name: _____ Business Phone No.: _____

Business Address: _____
Street City State Zip CodeMailing Address: _____
Street City State Zip Code

Owner of Business: _____

Applicant's Name: _____ Title: _____

Home Address: _____ Phone No.: _____

Type of business currently being operated: _____

If no business currently operating,

Type of previous business: _____ Date Closed: _____

Type of business requested: _____

☐ Wholesale ☐ Retail ☐ Other (Specify): _____Is this a change of owners or operator only? ☐ Yes ☐ No

Above information is certified as correct: _____

Applicant

BUREAU OF REVENUE - Received by: _____

Signature of Counter Clerk

COUNTER USE ONLY

Remarks: _____

Operating? ☐ Yes ☐ No

Business Opening Date: _____

Relocation? ☐ Yes ☐ No

Previous Location: _____

VCC Processing Fee?

☐ Yes ☐ No

To: Bureau of Revenue

The results of the inspection in the field and research of office records by the Building Inspection Section of the Dept. of Safety and Permits pertaining to the above Occupational License Application are noted as follows:

Zoning Classification: _____ ☐ ApprovedSpecific Use and Occupancy: _____ ☐ Disapproved

Building Code Classification

Occupancy Group: _____ Construction Type: _____

☐ As no variance with the Building Code was noted, application is presumed to meet its requirements.☐ Application is disapproved for the following noted variances: _____Use Occupancy & Compliance Certificate: ☐ Required ☐ Not Required_____
Building Inspector_____
Chief Building Inspector

TRADE NAME:

Name under which business will operate.

BUSINESS PHONE NUMBER:

Location phone number where business will operate.

BUSINESS ADDRESS:

Location address where business will operate.

(P.O. Box numbers are not acceptable.)

MAILING ADDRESS:

Address where all tax returns, permits and other related communications will be mailed.

This must include street address or P.O. Box, City, State and Zip Code.

OWNER OF BUSINESS:

Full name of all owners, all partners and principal officers if a corporation.

APPLICANT'S NAME AND TITLE:

Full name and title of person filing application.

HOME ADDRESS:

Location address where applicant resides.

PHONE NUMBER:

Home phone number.

TYPE OF BUSINESS CURRENTLY BEING OPERATED:

Describe the kind of business operating at this location.

IF NO BUSINESS CURRENTLY OPERATING, TYPE OF PREVIOUS BUSINESS:

Describe the kind of business previously operated at this location.

TYPE OF BUSINESS REQUESTED:

Describe the kind of business to be operated at the location. Be specific.

If retail or wholesale, list what merchandise to be sold.

IS THIS A CHANGE OF OWNERS OR OPERATOR ONLY?

If business is currently operating, response should be yes or no.

APPLICANT:

Signature of applicant.